

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 2, 2002

ALL COUNTY LETTER NO. 02-46

## REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: TITLE IV-A EMERGENCY ASSISTANCE (EA) PROGRAM CASELOAD REPORT [CA 237 EA (7/02)]

REFERENCE: ALL COUNTY INFORMATION NOTICE I-01-95 DATED JANUARY 6, 1995

The purpose of this letter is to transmit the revised Title IV-A Emergency Assistance (EA) Program Caseload Report (CA 237 EA) form and instructions. The Data Systems and Survey Design Bureau (DSSDB) is in the process of revising its report forms and instructions to incorporate additional format standards. These changes in format will make the forms easier to read and understand, and will provide more uniformity among DSSDB reports. As a result of implementing the format standards, several formatting changes have been made to the report's form and instructions, but no content changes.

Enclosed are copies of the form and instructions. Additionally, the form and instructions are available on the California Department of Social Services (CDSS) Research and Development Division (RADD) web site located at: <http://www.dss.cahwnet.gov/research/>. This report continues to be due on the 15<sup>th</sup> calendar day after the report month. Therefore, the first revised report, July 2002, is due on or before August 15, 2002. Fax or mail reports to:

California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430

**FAX: (916) 657-2074**

ALL COUNTY WELFARE DIRECTORS

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If you have questions regarding completion of this form, please contact Pam Kian of the Data Systems and Survey Design Bureau at (916) 651-8269. Program related questions should be directed to your Funding and Eligibility analyst at (916) 324-5809.

Sincerely,

***Original Document Signed By  
Lois VanBeers on 7/2/02***

LOIS VANBEERS  
Deputy Director  
Research and Development Division

Enclosures

# Title IV-A Emergency Assistance (EA) Program Caseload Report

SEND ONE COPY OF THIS REPORT TO:  
California Department of Social Services  
Data Systems and Survey Design Bureau,  
M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430  
TEL: (916) 658-8084

COUNTY NAME		REPORT MONTH AND YEAR	
<b>CASELOAD</b>			
		<b>NUMBER OF CASES</b>	
1. Emergency Assistance (EA) Child Welfare Services cases during the month.....			
COMMENTS			
CONTACT PERSON (Print)		TELEPHONE ( )	DATE COMPLETED
TITLE/CLASSIFICATION		FAX ( )	
<b>INSTRUCTIONS</b>			
<p><b>CONTENT</b></p> <p>The monthly CA 237 EA report contains statistical information on the number of Child Welfare Services cases receiving Emergency Assistance (EA) during the month in Emergency Shelters, EA/Foster Care and</p> <p><b>PURPOSE</b></p> <p>This report provides county, state and federal entities with information needed for budgeting, staffing, program planning, and other purposes.</p> <p><b>DUE DATE AND CONTACT</b></p> <p>The CWD is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside agencies, the contact person responsible for submitting the report to the state shall review the report for completeness and accuracy prior to submittal. Reports are to be received on or before the 15th calendar day of the month following the report month. <b>Fax or mail reports to number/address listed</b> Report data and the report's form and instructions are available on the CDSS, Research and Development Division (RADD) web site at: <a href="http://www.dss.cahwnet.gov/research/">http://www.dss.cahwnet.gov/research/</a>. Copies may be If you have questions regarding this report, contact Data Systems and Survey Design Bureau (DSSDB) at</p> <p><b>GENERAL INSTRUCTIONS</b></p> <p>Enter in the boxes provided near the top of the form the county name and the report month and year. Enter the data required for each item. If there is nothing to report for an item, enter "0". <b>Do not</b> Enter in the boxes at the end of the form the name, job title or classification, telephone and fax number of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the date the report was completed.</p> <p><b>DEFINITIONS</b></p> <p><b>Case:</b> A case shall be defined as child specific; i.e., each child is a case. This count represents the total number of children, excluding presumptive eligibility cases, receiving Emergency Assistance services.</p> <p><b>ITEM INSTRUCTIONS</b></p> <p>1. <u>Emergency Assistance (EA) Child Welfare Services (CWS) cases during the month:</u> Enter the total number of cases receiving Emergency Assistance services in Emergency Shelters, EA/Foster Care and</p> <p><b>COMMENTS</b></p> <p>Use the Comments section to:</p> <ol style="list-style-type: none"> <li>1) Explain any major fluctuations in data.</li> <li>2) Explain any adjustment entries.</li> <li>3) Provide information as directed in the report instructions.</li> <li>4) Provide any other comments the county determines necessary.</li> </ol>			